

Good afternoon Sen. Crisco representative Megna, and other members of the committee. My name is Steven Thornquist and I am a pediatric ophthalmologist practicing in Trumbull. I am speaking today on behalf of the Connecticut State Medical Society and on behalf of more than 1000 physicians in Ophthalmology, Ear Nose and Throat, Dermatology, and Urology.

We appreciate and applaud this effort to tighten the requirement for review of an adverse claim decision by insurers. We agree that the current language is very loose and allows for a number of inappropriate review situations and leads to inappropriate denials of care. This causes drawn out appeal proceedings while the appropriate review and evaluation is sought. However, we feel that the proposed language, while an improvement, could be tightened further. We are concerned that even the new language is far too broad for appropriate evaluation of adverse decisions regarding patients. We feel that this could lead to confusion or inappropriate denial of care and delay of appropriate care. For instance under the current proposed language a clinical psychologist who has no prescribing or admission experience might be called upon to review the prescription of psychiatric drugs in a psychiatric admission. While in many situations this might work there are plenty of situations in which this review would not rise to the appropriate level of understanding of the nuances involved in a complex admission and medication scenario. Furthermore if an insurer were so inclined under the proposed reading they could use a doctorate in nursing to review the specialty care provided by a cardiothoracic surgeon since both treat heart problems and I think even the nursing doctorates would agree that this is not the perfect level of review. Further if an insurer really wanted to extend the interpretation, with the currently proposed language a person with a doctorate in clinical social work who had a history of doing case management in cardiac disease, such as hypertension, could conceivably be called upon to review the care provided by the same cardiothoracic surgeon.

We ask that the language be altered in this, and all efforts to review the quality or appropriateness of health care, to wording that focuses on the practitioner, not the condition being treated. This is because different providers with different training and different levels of education may offer different treatments and different modalities for the same condition. The important concept is that the review must be tailored to the provider. As such we suggest language like: "a similar health care provider is one who: "(1) Is trained and experienced in the same specialty; and (2) is certified by the appropriate American board in the same specialty; provided if the health care provider submitting a claim is providing treatment or diagnosis for a condition which is not within his specialty, a specialist trained in the treatment or diagnosis for that condition shall be considered a 'similar health care provider'."

Thank you for this opportunity to bring this to your attention.